

**B5 (Official Form 5) (12/07)**

<b>United States Bankruptcy Court</b> <b>Northern District of Illinois</b>		<b>INVOLUNTARY PETITION</b>
IN RE (Name of Debtor – If Individual: Last, First, Middle) <b>McGill Sales Co., Inc.</b>		ALL OTHER NAMES used by debtor in the last 8 years (Include married, maiden, and trade names.)
Last four digits of Social-Security or other Individual's Tax-I.D. No./Complete EIN (If more than one, state all.):		
STREET ADDRESS OF DEBTOR (No. and street, city, state, and zip code) <b>13830 S Harrison Ave. Blue Island, Illinois 60406</b>		MAILING ADDRESS OF DEBTOR (If different from street address)   <div style="text-align: right;">ZIP CODE</div>
COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS <b>Cook</b> <div style="text-align: right;">ZIP CODE</div>		
LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (If different from previously listed addresses)		
CHAPTER OF BANKRUPTCY CODE UNDER WHICH PETITION IS FILED <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11		
<b>INFORMATION REGARDING DEBTOR (Check applicable boxes)</b>		
<b>Nature of Debts</b> (Check <b>one</b> box.)  Petitioners believe:  <input type="checkbox"/> Debts are primarily consumer debts <input checked="" type="checkbox"/> Debts are primarily business debts	<b>Type of Debtor</b> (Form of Organization)  <input type="checkbox"/> Individual (Includes Joint Debtor) <input checked="" type="checkbox"/> Corporation (Includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	<b>Nature of Business</b> (Check <b>one</b> box.)  <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51)(B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other
<b>VENUE</b>  <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in the District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.  <input type="checkbox"/> A bankruptcy case concerning debtor's affiliate, general partner or partnership is pending in this District.		<b>FILING FEE (Check one box)</b>  <input checked="" type="checkbox"/> Full Filing Fee attached  <input type="checkbox"/> Petitioner is a child support creditor or its representative, and the form specified in § 304(g) of the Bankruptcy Reform Act of 1994 is attached. <i>[If a child support creditor or its representative is a petitioner, and if the petitioner files the form specified in § 304(g) of the Bankruptcy Reform Act of 1994, no fee is required.]</i>
<b>PENDING BANKRUPTCY CASE FILED BY OR AGAINST ANY PARTNER OR AFFILIATE OF THIS DEBTOR (Report information for any additional cases on attached sheets.)</b>		
Name of Debtor	Case Number	Date
Relationship	District	Judge
<b>ALLEGATIONS</b> (Check applicable boxes)  1. <input checked="" type="checkbox"/> Petitioner (s) are eligible to file this petition pursuant to 11 U.S.C. § 303 (b). 2. <input checked="" type="checkbox"/> The debtor is a person against whom an order for relief may be entered under title 11 of the United States Code. 3.a. <input checked="" type="checkbox"/> The debtor is generally not paying such debtor's debts as they become due, unless such debts are the subject of a bona fide dispute as to liability or amount; <div style="text-align: center;">or</div> b. <input type="checkbox"/> Within 120 days preceding the filing of this petition, a custodian, other than a trustee receiver, or agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.		COURT USE ONLY

B5 (Official Form 5) (12/07) – Page 2

Name of Debtor McGill Sales Co., Inc.

Case No. \_\_\_\_\_

TRANSFER OF CLAIM		
<input type="checkbox"/> Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).		
REQUEST FOR RELIEF		
Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.		
Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.		
<div style="display: flex; justify-content: space-between;"> <div> <p>x _____</p> <p>Signature of Petitioner or Representative (State title)</p> <p>Chicago Laborers' Pension Fund</p> <p>Name of Petitioner</p> <p>Name &amp; Mailing</p> <p>Address of Individual</p> <p>Signing in Representative Capacity</p> </div> <div> <p><b>Fund Counsel</b></p> <p><b>6/10/2009</b></p> <p><b>Jerrod Olszewski</b></p> <p><b>Fund Counsel</b></p> <p><b>111 W. Jackson Blvd., Suite 1415</b></p> <p><b>Chicago, Illinois 60604</b></p> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div> <p>x <u>/s/ Christina Krivanek</u></p> <p>Signature of Attorney</p> <p><b>Christina Krivanek</b></p> <p>Name of Attorney Firm (If any)</p> <p>Address</p> <p>Office of Fund Counsel</p> <p>111 West Jackson Blvd., Suite 1415</p> <p>Chicago, Illinois 60604</p> <p>Telephone No. 312-692-1540</p> </div> <div> <p><b>6/10/2009</b></p> <p>Date</p> </div> </div>	
<div style="display: flex; justify-content: space-between;"> <div> <p>x _____</p> <p>Signature of Petitioner or Representative (State title)</p> <p>Chicago Laborers' Welfare Funds</p> <p>Name of Petitioner</p> <p>Name &amp; Mailing</p> <p>Address of Individual</p> <p>Signing in Representative Capacity</p> </div> <div> <p><b>Fund Counsel</b></p> <p><b>6/10/2009</b></p> <p><b>Jerrod Olszewski</b></p> <p><b>Fund Counsel</b></p> <p><b>111 W. Jackson Blvd., Suite 1415</b></p> <p><b>Chicago, Illinois 60604</b></p> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div> <p>x <u>/s/ Christina Krivanek</u></p> <p>Signature of Attorney</p> <p><b>Christina Krivanek</b></p> <p>Name of Attorney Firm (If any)</p> <p>Address</p> <p>Office of Fund Counsel</p> <p>111 West Jackson Blvd., Suite 1415</p> <p>Chicago, Illinois 60604</p> <p>Telephone No. 312-692-1540</p> </div> <div> <p><b>6/10/2009</b></p> <p>Date</p> </div> </div>	
<div style="display: flex; justify-content: space-between;"> <div> <p>x _____</p> <p>Signature of Petitioner or Representative (State title)</p> <p>General Laborers' District Council of Chicago and Vicinity Training Fund</p> <p>Name of Petitioner</p> <p>Name &amp; Mailing</p> <p>Address of Individual</p> <p>Signing in Representative Capacity</p> </div> <div> <p><b>Fund Counsel</b></p> <p><b>6/10/2009</b></p> <p><b>Jerrod Olszewski</b></p> <p><b>Fund Counsel</b></p> <p><b>111 W. Jackson Blvd., Suite 1415</b></p> <p><b>Chicago, Illinois 60604</b></p> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div> <p>x <u>/s/ Christina Krivanek</u></p> <p>Signature of Attorney</p> <p><b>Christina Krivanek</b></p> <p>Name of Attorney Firm (If any)</p> <p>Address</p> <p>Office of Fund Counsel</p> <p>111 West Jackson Blvd., Suite 1415</p> <p>Chicago, Illinois 60604</p> <p>Telephone No. 312-692-1540</p> </div> <div> <p><b>6/10/2009</b></p> <p>Date</p> </div> </div>	
PETITIONING CREDITORS		
Name and Address of Petitioner: Chicago Laborers' Pension Fund, 11465 Cermak Road, Westchester, IL 60154	Nature of Claim unpaid pension fund contributions	Amount of Claim \$147,962.37
Name and Address of Petitioner: Chicago Laborers' Welfare Fund, 11465 Cermak Road, Westchester, IL 60154	Nature of Claim unpaid welfare fund contributions	Amount of Claim \$99,544.19
Name and Address of Petitioner: Laborers' Training Fund, 1200 Old Gary Avenue, Carol Stream, IL 60188	Nature of Claim unpaid training fund contributions	Amount of Claim \$2,974.50
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims <b>\$250,481.06</b>

0 continuation sheets attached